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**City and Borough of Canterbury  
and County of the same  
Education Authority.**

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**TWENTY-FIFTH  
ANNUAL REPORT**

ON THE  
**MEDICAL INSPECTION OF SCHOOL CHILDREN**  
AND THE  
**THIRD ANNUAL REPORT**

BY  
**CLEMENT DUNSCOMBE,**  
M.A., M.B., B.CHIR., D.P.H.,  
SCHOOL MEDICAL OFFICER,

FOR  
**Year ended December 31st, 1933.**





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## THE EDUCATION COMMITTEE.

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### Chairman :

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THE MAYOR (Councillor Frank Hooker).

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\*Co-opted Members.

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### Director of Education :

R. H. STEVENS, B.Sc.

### SCHOOL MEDICAL STAFF.

#### School Medical Officer :

CLEMENT DUNSCOMBE, M.A., M.B., D.P.H.

#### Dental Surgeon :

MISS PAULINE FIGDOR, L.R.C.P., L.D.S.

#### School Nurses :

MRS. HELEN HAYNES.

MISS GLASSBORROW.

#### Clerk :

MISS POULTON (part-time).

*TO THE CHAIRMAN AND MEMBERS OF THE  
EDUCATION COMMITTEE.*

LADIES AND GENTLEMEN,

I have pleasure in presenting my Third Annual Report on the Medical Inspection of the Elementary and Secondary School Children in the City.

After being in vogue for a quarter of a century the value of the School Medical Service is not now a matter for argument, and as many parents have themselves had personal experience of its privileges, they are usually most anxious for their children to enjoy the same.

Much school medical work is preventive in character and in this connection it is satisfactory to record that some 1,047 children have now been dealt with under our Immunisation Scheme against Diphtheria.

Towards the end of the year the scheme for the equipment of part of the Prince of Wales' Institute for the purpose of a school canteen received the approval of the Board of Education and already (January, 1934) about 130 children are receiving meals there daily under the terms required by the Education Act.

There has been no serious outbreak of Infectious Disease in the schools during the year and the prevalence both of Diphtheria and Scarlet Fever has again been remarkably low.

In conclusion I have to thank the members of the Education Committee for the consideration and interest shown by them in the work of this department ; and the Director of Education, School Dentist and Nurses for their valuable co-operation and help during the year.

I have the honour to be,

Your obedient servant,

CLEMENT DUNSCOMBE.

GENERAL INFORMATION.

Area	...	...	...	...	3,876 acres.
Population (Census 1931)	...				24,450
Number of Public Elementary Schools					11
Number of children on roll	...				3,167
Average Attendance	...	...			2,956
Percentage Attendance	...				93%



## (1) CO-ORDINATION.

As the School Medical Officer is also Medical Officer of Health, co-operation between the School Medical Service and the various medical sections of the Public Health Department has been fully maintained throughout the year. All delicate or ailing children are noted and kept under supervision upon their admission to school. Debilitated children under school age are visited in their own homes by the Health Visitor and are urged to attend the Welfare Centre for regular weighing and advice.

A certain number of children in the Borough under the compulsory school age are admitted to the Infant Schools.

## (2) SCHOOL HYGIENE.

It is of the greatest importance that the elementary schools under the control of an Education Authority should be in a good sanitary condition where the children can be taught, in addition to the ordinary school subjects, the elementary principles and importance of hygiene and cleanliness.

The re-organisation of the Canterbury Schools and the building of a new school for the Wincheap area is still being delayed as the result of the recent National Economy Campaign.

## (3) MEDICAL INSPECTION.

ROUTINE MEDICAL INSPECTIONS.—All children coming within one of the following groups are inspected at the routine examinations in the schools, viz. : “ Entrants,” “ Intermediates ” (*i.e.*, children between 8 and 9 years of age), and “ Leavers ” (*i.e.*, children of 12 years of age and upwards).

SPECIAL INSPECTIONS.—These are medical inspections of children specially referred to a medical officer by teachers, school nurses, attendance officers, parents or otherwise, but not coming before him as one of an age-group for routine inspection. Such special inspections are carried out at schools or clinics, and occasionally at the children’s homes.

RE-INSPECTIONS.—These are medical inspections of children who, as a result of a routine or special inspection, come up subsequently for re-inspection.

ROUTINE DENTAL INSPECTIONS.—Children of all ages.

The number of children examined is shown in Table I. of the Statistical Return.

#### (4) FINDINGS OF MEDICAL INSPECTIONS.

##### (a) UNCLEANLINESS.

Vigorous action has been taken during the year in an attempt to deal with this problem. Thirty-seven children, or about 1·3% of all children examined, were found to be suffering from a verminous condition of the head. Eighty-four notices of warning and instruction were sent to the parents and Cleansing Station Notices (Section 87 of the Children's Act, 1921) were issued to 14 parents. The order was carried out by the parents in all but 8 cases, who were cleansed under arrangements made by the Education Authority.

In addition, the parents of three children were prosecuted and fined under School Attendance Bye-laws; and certain other parents were interviewed and warned by the Attendance Sub-Committee.

The majority of children in Canterbury are very clean, but experience shows that there are certain "dirty families" (often unsatisfactory also from other points of view) who are the source of verminous conditions in the schools. The unfortunate children from these families come from homes inhabited by dirty people, living in the vicinity of other families, equally poor, if not poorer, but whose homes and persons are as clean as could be wished for. It is not poverty (or lack of baths) that makes people dirty, but muddling incompetence and indifference to dirt.

##### (b) MINOR AILMENTS.

These include such conditions as cuts, bruises, infectious sores, impetigo, ear discharge, etc., and are not commonly found in great numbers during the course of Routine Inspection, as they are either seen by their own doctor or brought to the Clinic by their parents or sent by the teachers.

##### (c) TONSILS AND ADENOIDS.

The presence of enlarged tonsils and adenoids—alone or in combination—was noted in 128 children. In 46 instances the condition was such as to call for treatment, but in the remaining 82 cases the condition was less marked, and as it was giving rise to no symptoms these children were noted for observation at a later date.

##### (d) TUBERCULOSIS.

Pulmonary tuberculosis as a clinical entity is not common amongst children of school age and during the year no cases were discovered during the routine inspections.

Other cases of the non-pulmonary variety are more common, and during the year one case was noted in the course of routine inspections.

Pulmonary Tuberculosis is often diagnosed in children on insufficient grounds, the majority of suspected cases being due to some chronic (non-tuberculous) infection, which causes much ill-health, and irregular school attendance.

The prevention of Tuberculosis in children depends upon many factors, such as a demand for healthy living, good home conditions, efficient ventilation, suitable food, and sufficient rest.

(e) SKIN DISEASES.

Only six cases of skin disease were referred for treatment, during the course of routine Medical Inspections.

The findings only show the incidence in the groups examined at a specific examination and must not be taken to indicate the total incidence of skin disease in school children.

(f) EXTERNAL EYE DISEASES are not common, only 6 cases were noted, of which 3 were referred for treatment. The most common defect was blepharitis or inflammation of the eyelids, often caused by some error of refraction. In such case a cure is usually effected by wearing suitable glasses.

(g) VISION.

All the children inspected with the exception of the entrant group are tested by means of Snellens' type and any children found defective or suffering eye strain or squint are referred to the Eye Specialist for the necessary treatment.

117 children out of 725 whose vision was tested were found to be suffering from some kind of Visual Defect. Many of these cases are very slight and require no treatment, but they are kept under observation, and the vision is tested at least every six months. In addition 17 cases of squint were referred for treatment.

(h) EAR DISEASE AND HEARING.

Owing, no doubt, to the very low prevalence of infectious diseases during the year, only 8 cases of otitis, or inflammation of the middle ear were noted, six of whom were referred for treatment. This condition not infrequently follows an attack of scarlet fever or measles, and the idea is prevalent, especially among the poorer classes, that it is a trivial matter. It cannot be too widely known that this is quite a mistaken idea. Not only may it result in permanent deafness, but it may, and frequently does, cause intracranial complications, calling for immediate and severe operation, and sometimes resulting in death.



## (i) DENTAL DEFECTS.

The School Dental Surgeon (full-time) inspects the children in a definite order, and therefore, only exceptional cases are referred to her for treatment by the School Medical Officer.

Although the public are gradually becoming more enlightened as to the extreme importance of a sound and serviceable set of teeth, it is nevertheless true that there are still some parents who allow their children's teeth to decay and do not take them to see a dentist until they are causing toothache, and when this occurs it is often too late to save them, and they have to be extracted even if they are permanent teeth. In addition a septic condition of the mouth has a most detrimental effect on a child's general health.

The work of the School Dental Surgeon will be found in Table IV. at the end of the report.

## (5) INFECTIOUS DISEASES.

NOTIFIABLE DISEASES.—The general incidence of these diseases in the Canterbury Elementary Schools has been extremely low during the past three years, as the following Table will show :—

	1930	1931	1932	1933
	Cases	Cases	Cases	Cases
Scarlet Fever ...	39	11	5	9
Diphtheria ...	24	2	7	3

## IMMUNISATION AGAINST DIPHTHERIA.

1,047 persons, mainly of school age, or less, have now been dealt with under the Immunisation Scheme for protection against Diphtheria. All children attending the Elementary Schools and the Infant Welfare Centres are offered protection against Diphtheria free of charge and if after this offer their children develop Diphtheria, a very 'grave responsibility rests on the parents.

The following Table gives details of the work accomplished up to the end of 1933 :—

Number of Sessions held (1933) ... ..	43
Number of attendances in 1933 (including a few immunised at the Health Offices, Sanatorium and Welfare Centre) ... ..	1,172
Total number of children dealt with up to the end of 1933 ... ..	1,047
Cases immunised 1928-1930 but records lost ...	20
Number recorded in Card Index (1928-1933) ...	1,027
Number of children whose names were added to Card Index during 1933... ..	449

Special efforts have been made during the year to immunise all children under 10 years of age, and owing to the large number of Schick positives under this age it has been found preferable to administer the immunising mixture (Toxoid-Antitoxin mixture or Toxoid-Antitoxin Floccules) without a preliminary Schick Test. The function of the Schick Test is to show the susceptibility or otherwise of an individual to Diphtheria and has been used for a certain number of the older children. Once the consent of the parents has been obtained, the children themselves have attended very well.

Very few reactions of any kind have occurred after the injections and the parents of children who hesitate should clearly understand that the whole process of Immunisation is far less disturbing to the child than even Vaccination against Small-pox.

No immunised child has contracted the disease during the last two years, although in 10 cases of Diphtheria treated at the Isolation Hospital, it was noted that an offer of protection had previously been declined (4 in writing).

At the present time, in other parts of the country a more severe type of Diphtheria is occurring, as is shown by the increased mortality from the disease.

#### MENTALLY RETARDED CHILDREN.

Consideration has again been given during the year to the examination of mentally retarded children, and their classification by means of the Binet Simon (Stanford Revision) Tests.

The School Medical Department<sup>†</sup> now has records of the following number of retarded children under 18 years of age :—

<i>Mental Classification.</i>	<i>Intelligent Quotient.</i>	<i>Number of Children Tested.</i>
Imbecile ... ..	25 — 50	15
Feeble-minded ... .. (Special School cases)	50 — 75	36
Borderline Cases ... ..	70 — 80	20
Dull and Backward ... ..	80 — 90	10
		—
	Total ...	81
		—

There are therefore approximately 36 children, apart from those not yet ascertained, who are unable to receive proper benefit from the education at an ordinary Elementary School.

During the year one Feeble-minded child reached the age for notification to the Mental Deficiency Committee, and in addition two Imbeciles were notified to this Committee.

School children are certified as feeble-minded under the Education Acts and it should be understood that a proportion of these certified as feeble-minded during school life will not necessarily be certifiable under the Mental Deficiency Acts when they reach the age of 16 years. Much then depends upon the amount of temperamental defect, if any, and the child's capacity to earn a living and to fit normally into the environment to which he or she has been born.

A few children from Canterbury are in attendance at Residential Special Schools and a certain number of the lower grade cases (although they are not Imbecile) attend the Occupation Centre, owing to the absence of a Day Special School in the neighbourhood.

### DULL AND BACKWARD CHILDREN.

The proportion of Dull and Backward children one would expect to find in Canterbury is about from 8% to 10% of the school population. This proportion is that found in similar areas and in the Report of the Joint Committee (1929) of the Board of Education and the Board of Control. On this basis with a school population of about 3,119 there are from 249 to 312 Dull and Backward children in the City. These children are not suitable for Special Schools but the ordinary school curriculum should be modified for their needs.

### DELICATE (INCLUDING RHEUMATIC) CHILDREN.

In accordance with the instructions of the Board of Education the return of Delicate children in the area, noted in Table III. at the end of this report, includes children suffering from Rheumatism, although I do not consider such children always suitable for an Open-Air School.

Records are kept both of Delicate children in the area, suitable for an Open-Air School and of children exhibiting signs and symptoms of Rheumatism (even though slight) thus :—

		Boys	Girls	Total
Rheumatic children	... ..	12	25	37
Delicate children	... ..	24	20	44
(Suitable for Open-Air School)				

Rheumatism in children may show itself under many guises, such as instability of the nervous system, anaemia, and so-called "Growing pains," in addition to definitely attacking the joints. Repeated attacks may damage the heart and nervous system (Chorea) unless great care, especially adequate rest and quiet, is taken. Cases of Chorea appear to be very rare in Canterbury.



When new school buildings have to be provided in connection with the re-organisation scheme, a Day Open-Air School or Department might be established to meet the needs of the Delicate, Crippled and educable Feeble-minded children in the area. It would indeed be desirable for all new School premises to be built on open-air principles.

The new Open-Air Day Nursery of the Alford Aid Society was opened during the year on a splendid site at the top of St. Martin's Hill.

## (6) FOLLOWING UP AND TREATMENT.

The arrangements for the following up of defective school children are similar to those in force in previous years.

Without following up the defective children discovered at School Medical Inspections, the latter would be futile. Every defective child, whether referred for treatment or observation, is visited as soon as possible after the inspection by a School Nurse, who explains to the parent the reasons for the recommendation of the School Medical Officer. She is able to give particulars as to what treatment is necessary, and where it is to be obtained.

In addition to the visits of the School Nurses, defective children are periodically re-examined in the schools by the Medical Officer, when perhaps some children who were previously recommended for observation are now referred for treatment, and vice versa.

### (a) MINOR AILMENTS.

5,171 attendances were made at the Minor Ailment Clinic during the year. The majority of cases treated are cases which in the absence of a Clinic would have no treatment at all. Whenever the occasion merits, patients are advised to obtain treatment for their children privately.

In addition, 1,172 attendances were made for the purpose of Diphtheria Immunisation and Schick testing, excluding a few attendances made for this purpose at the Infant Welfare or elsewhere.

### (b) TONSILS AND ADENOIDS.

Children recommended for the removal of Tonsils and Adenoids by the School Medical Officer are admitted to the Kent and Canterbury Hospital. The charge made by the Hospital is £1/8/0 per patient, and cases are admitted to the Hospital overnight. As in previous years, the Attendance Committee, after reviewing the facts in each case, makes a charge upon the parents.



55 children were operated on during the year and in most cases considerable improvement both of the local condition of the throat and in the general health of the child has been noted.

It is most important that this abnormality should receive early treatment ; either operation if the enlargement is causing such symptoms as mouth breathing, deafness, otorrhœa, sore throats, adenoids, etc. ; or suitable breathing exercises and other hygienic measures in other cases.

(c) TUBERCULOSIS.

Cases of Tuberculosis or suspected Tuberculosis are referred to the Tuberculosis Dispensary, where Dr. Pearce, the Tuberculosis Officer, recommends what treatment is necessary and the children are kept under observation by him. One child of school age was sent to Holt Sanatorium during the year, and still remains under treatment.

The Alford Aid Society have again rendered valuable assistance in sending debilitated children to Convalescent Homes and in supplying extra nourishment when needed, and milk for school children during the school holidays.

(d) SKIN DISEASES.

The commonest Skin Disease which is found amongst the children is Impetigo. It is unusual now to find severe cases of Impetigo because the Teachers promptly refer incipient cases to the Clinic and they are rapidly cured by suitable treatment. The majority of Skin complaints are treated at the School Clinic, but cases can be referred to the Kent and Canterbury Hospital, where necessary, for diagnosis and treatment.

(e) EXTERNAL EYE DISEASE AND DEFECTIVE VISION.

Simple external eye diseases are treated at the School Clinic ; doubtful cases and severe forms of Eye disease are referred to the Ophthalmic Surgeon at the Kent and Canterbury Hospital under the Authority's Scheme.

161 cases of Defective Vision or Squint were referred to the Ophthalmic Surgeon, and for 132 of these children, spectacles were prescribed. Fourteen children obtained spectacles privately, and five children received operative treatment for squint.

A Clinic for Ophthalmic cases is held when necessary (usually fortnightly) and the dispensing optician attends in order to take measurements for the spectacles when they have been prescribed.

Apart from the cases referred by the School Medical Officer at the routine inspections, a certain number of children outside the routine age groups are treated, being referred to the School Medical Officer by the Head Teachers who have detected some eye trouble.

Some parents still require to be taught the importance of obtaining any glasses ordered and of seeing that their children wear them regularly, as by this way only can one safeguard against possible progressive loss of vision.

(f) DENTAL DEFECTS.

I have received the following report from the School Dental Surgeon :—

During the year 1933, the dental work has progressed on quite satisfactory lines. There are, in this connection, two factors well worthy of mention :—

(1) Permanent fillings totalled 2,825, a ratio of 3 fillings to 1 child. This may be deemed a very adequate average, as the hall mark of a sound dental scheme is the steady increase in the numbers of permanent teeth filled and rendered functional.

(2) Another factor of great importance is that, with the steady rise in the numbers of acceptances there is simultaneously a corresponding drop in the number of “specials” (casuals) attending the Clinic for treatment for “toothache” and the like.

It is with marked appreciation that I record the sustained interest of the various Head Teachers in the Dental Scheme.

Similarly I would acknowledge the gratifying support of the Medical Officer and the unremitting and loyal work of the two School Nurses.

P. FIGDOR,

*School Dental Surgeon.*

(g) CRIPPLING DEFECTS AND ORTHOPÆDICS.

Severe crippling is very rare amongst the present generation of Canterbury children and must be due to the work of the Voluntary Societies; the increased supervision of Infants and young children at Infant Welfare and School Clinics; and the enlightened policy of the Health Committee in clearing away slum property (and thus ensuring that growing children are not starved of sunshine and fresh air).

The Council undertakes financial responsibility for Orthopædic treatment at the Kent and Canterbury Hospital, where children are examined by an Orthopædic Surgeon and there given the necessary Out-patient treatment. In-patient treatment is obtained either at the Kent and Canterbury Hospital or at an Institution approved for the purpose by the Board of Education.

The following table gives the diseases for which Out-patient treatment was given at the Kent and Canterbury Hospital :—

Anterior Polio-myelitis	...	...	...	4
Talipes Equino Varus	...	...	...	1
Flat Feet	...	...	...	1
Congenital Deformity of Hip	...	...	...	1
Other Diseases	...	...	...	4
Total				11

Five children have received In-patient treatment at the Kent and Canterbury Hospital during the year. Three children have continued at the Chailey Hospital throughout the year and another received treatment at the Royal National Orthopædic Hospital.

#### (h) OPEN AIR EDUCATION.

At present there is no Open-Air School in Canterbury, although the matter has recently been under discussion, but classes can be held during the summer months in some of the school playgrounds.

During the Summer of 1933, a small class of delicate children was held under the auspices of the Alford Aid Society. The improvement in all the children who attended the class serves to emphasise the desirability of the further development of the Open-Air School principle. The Society's new Day Nursery on St. Martin's Hill was opened during the year and is a vast improvement on the old premises.

#### PROVISION OF MILK IN SCHOOL.

During the year the scheme of the National Milk Publicity Council for the sale of milk in schools has been continued.

With the sanction of the Board of Education, arrangements have also been made for the milk to be given free to necessitous cases, who are certified to be in need of it by the School Medical Officer.

The working of the scheme is as follows :—

Bottles containing one-third of a pint of milk are provided at a charge of a penny per day. The bottles are capped by special discs and sterilised straws are also supplied, through which the children consume the milk. Some extra work is thrown on the teachers supervising the arrangements and collecting the money, but great credit is due to them for the success of their efforts.

At the end of the year some 760 children were buying a daily supply of milk and 54 children were being given a free supply by the Education Committee.



## SCHOOL BATHS.

No school in the City is provided with Baths, but the senior boys and girls receive swimming instruction at the Public Open-air Baths. These lessons are most useful and greatly enjoyed by the children, who display keen interest in the annual competitions. Further bathing facilities are required in Canterbury, especially for use during the winter months.

## CO-OPERATION OF PARENTS.

When a child is to be medically inspected a notice is sent to the parents of the day and hour it will take place, in order that they may attend with the child.

As each year passes it has been found that parents take a greater interest in the medical inspection, and it is only very occasionally that a parent or guardian refuses to take advantage of the school doctor's examination.

The attendance of parents is invaluable for the more accurate ascertainmen<sup>t</sup> of past history and present symptons, especially in the case of the younger children, who very seldom are unaccompanied. All defects found are pointed out<sup>t</sup> to the parents and they are, according to circumstances, recommended to seek advice from their own medical attendant, or offered the facilities for treatment provided by the Education Committee.

It should be remembered that the whole system of medical inspection is work of a preventive nature, the object being not only to discover and treat the beginnings of disease so that ill-effects may be prevented, but to maintain the normality of the healthy child.

## CO-OPERATION OF TEACHERS.

It is only by the full co-operation of the teaching and medical staff that the best results of medical inspection can be obtained, and it is pleasing to be able to record the help and assistance given by the teaching staff.

The placing of a class-room at the disposal of the medical inspector must often mean an interruption of the school routine, but the teachers have always co-operated and given every assistance possible. They recognise the importance of the inspection, and know that without good health their pupils would be unable to derive full benefit from their efforts.

Apart from the routine work, considerable help is given by the teachers in other ways, such as the reference of cases to the Clinic and the supervision of children wearing glasses, etc.

The School Attendance Officer co-operates with the School Medical Department in all matters affecting school attendance; doubtful cases of non-attendance are reported by him and investigated either by the School Nurses or School Medical Officer.



## CO-OPERATION OF VOLUNTARY BODIES.

Thanks are again due to the Alford Aid Society for the great help and assistance which has been given during the year, more especially in providing milk for malnourished children during the school holidays.

In addition, numerous City Charities and Associations provide clothing and footgear for necessitous children, and frequently groceries, coal, etc., for their parents.

The N.S.P.C.C. takes up any cases which are referred to them by the Education Authority and the Authority watches cases referred to them by the Society.

## BLIND, DEAF, DEFECTIVE & EPILEPTIC CHILDREN.

Suspected cases of these defects are reported by the School Teachers and School Attendance Officer, and in addition, to a small extent, cases are indentified at the Infant Welfare Centre and during routine inspection. These arrangements are quite adequate and it can be assumed that no cases have escaped observation.

There is only one child with severe and five children with slight epilepsy on the register.

## SUPERVISION OF MENTAL DEFECTIVE CHILDREN.

The supervision of Mental Defectives has been undertaken by the Kent Voluntary Association for Mental Welfare, and reports on new and old cases have been received. The Occupation Centre is now open in the morning as well as in the afternoon as heretofore.

The following is a report from the Secretary of the Kent Voluntary Association for Mental Welfare :—

### KENT VOLUNTARY ASSOCIATION FOR MENTAL WELFARE.

*Report on work for the Canterbury City Education Committee  
carried out for mentally defective children during the  
year ended 31st December, 1933.*

The total number of children under the supervision of the Association on January 1st, 1933, was 58.

During the year 4 new cases have been received from the School Medical Officer, bringing the total to 62.

Of these the details are as follows :—

#### 1. DISPOSALS.

Moved out of area	...	...	...	...	3
Transferred to M.D. Committee, Statutory Supervision	...	...	...	...	1
Reached age of 19 years	...	...	...	...	2
Found to be already on books under another name	...	...	...	...	1
					7

## 2. SUPERVISED FOR EDUCATION COMMITTEE.

## (a) Under 16 years of age :—

Attending Elementary School	...	...	32	
Attending Miss Waterfield's Class	...	...	2	
Attending no School	...	...	5	
Attending Occupation Centre for observation	...	...	9	
In employment	...	...	3	51

## (b) Over 16 years of age :—

In employment	...	...	2	
Assisting at home	...	...	2	4

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62

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Total number of children under 19 years of age now under the supervision of the Association—55.

## REPORTS.

A Report on each case has been rendered together with special reports in letter form in reference to particular children and young people.

## VISITS.

Regular visits have been made during the year to the home of each child, making a total of upwards of 160 visits. Schools have been visited and reports on general progress obtained from the teachers regarding all children under supervision by the Association.

## OCCUPATION CENTRE FOR MENTALLY DEFECTIVE CHILDREN.

This Centre is held in the rooms below the Presbyterian Church. A trained Supervisor is in charge of the children and young people, who number 16. Nine of these are under observation for the Education Committee, being either too backward or nervous to attend an Elementary School. The general progress has been good and the response to patient and individual training is encouraging to Miss Kelsey and her band of voluntary helpers.

The sale of handwork during the year has improved and repeat orders have been received from different parts of the County.

The Supervisor attended a Course of Classes in Eurhythmics arranged by the Kent Education Committee, which proved very helpful as much can be done for the backward child by means of music and rhythm.

The Association is indebted to all who help at the Centre so faithfully through the year both with music or in assisting the children with their work and providing clothing and boots, etc.

The Christmas Party was greatly enjoyed by young and old. Special thanks are due to Mr. Duncan and the League of Women Helpers, whose efforts were so successful in adding to the joy of the children.

By the kindness of friends in the City those attending the Centre were given a delightful seaside picnic, cars being lent for the occasion and a sumptuous tea being provided.

#### AFTER CARE.

The Association continues to visit those children who have left school but who may require help and advice. The parents appear to appreciate such visits and friendly touch is kept with the whole family so that in the event of a crisis arising there is no hesitation in applying to this Association in regard to any backward boy or girl.

The thanks of the Association are due to the School Medical Officer for his kind co-operation and to all School Teachers and Social organisations whose help has proved so valuable in making known the very real need for early ascertainment and sustained effort in the care of the mentally retarded and maladjusted members of the community.

S. G. NUGENT,  
*Organising Secretary.*

#### NURSERY SCHOOLS.

There are no Nursery Schools, although small classes on the lines of a Nursery School are held both at the City Council and the Diocesan School. The Circular dealing with children under school age issued jointly by the Board of Education and Ministry of Health raises the question whether a further need for them exists in Canterbury. They are undoubtedly valuable in towns where home conditions are unsatisfactory, food is insufficient, and where the parents are unable to give their children personal attention or obtain medical advice when ailing; but it is doubtful whether the expenditure involved is justified in Canterbury.

#### SECONDARY SCHOOLS.

Routine medical inspections are carried out at the Simon Langton Schools, which are aided by the Education Authority.

The children in attendance are fully examined on entering the schools; at some time between the 14th and 15th year, and if possible before leaving. Special defect cards are made out in respect of all defects found, and if treatment is required the parents are communicated with. Children with defects are seen every six months as Re-Inspections; and any child specially brought forward by teachers or parents is examined at any attendance of the Medical Officer as a Special Case.



Under special circumstances treatment is now obtainable under certain of the Council's Schemes.

16·7% of all children examined were found to require treatment as compared with 17·8% during the previous year. These numbers do not include those requiring dental treatment.

## EMPLOYMENT OF CHILDREN & YOUNG PERSONS.

Bye-laws are in force regulating the employment of young children in the Borough.

Each child seeking to be employed is medically examined by the School Medical Officer in order to ensure that no detriment to education will arise thereby.

All cases passed by the School Medical Officer obtain a special employment card from the Education Department.

28 children were examined last year, and these were all passed as fit.

I do not consider there is any objection to boys (provided they are fit) over 12 years of age following some of these part-time occupations. The boy acquires something of the business instinct, he learns something of the value of money, and the additional contributions he can add to the family exchequer may be of great value to his parents.

## PROVISION OF MEALS.

Towards the end of the year the proposals of the Education Committee for the adaption and equipment of a part of the Prince of Wales' Institute for the purpose of a School Canteen received the sanction of the Board of Education. A Canteen Committee has been formed and already in January, 1934, some 130 children are being fed daily under the terms required by Sections 82 to 84 of the Education Act, 1921.

## PHYSICAL TRAINING.

Physical Training in the Schools is carried out in accordance with the Board of Education Syllabus of 1919. Teachers endeavour to make the physical training lesson as enjoyable as possible by introducing good, healthy games which can be quickly and easily carried out, and to allow a certain amount of freedom consistent with maintaining a firm, but kindly discipline. The increasing interest taken by children in organised outdoor games is all to the good, and promotes physical and mental vigour.



## MEDICAL INSPECTION RETURNS.

**Table I.—Number of Children inspected 1st  
January, 1933, to 31st December, 1933.**

<b>A.—Routine Medical Inspections.</b>				
<b>Number of Code Group Inspections.</b>				
Entrants	...	...	...	283
Second Age Group	...	...	...	377
Third Age Group	...	...	...	348
Total				1008
Number of other Routine Inspections				14

### B.—Other Inspections.

Number of Special Inspections	...	...	825
Number of Re-Inspections	...	...	964
Total			1789

**Table II.**

**B.—Number of Individual Children Found at Routine  
Medical Inspection to Require Treatment (excluding  
Uncleanliness and Dental Diseases).**

Code Groups.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected	Found to require Treat- ment.	
(1)	(2)	(3)	(4)
Entrants	283	50	17·6
Second Age Group	377	49	12·9
Third Age Group	348	52	14·9
Total (Code Groups)...	1008	151	14·9
Other Routine Inspections	12	2	14·2

TABLE II.—Return of Defects found by Medical Inspection  
in the Year ended 31st December, 1933.

DEFECT OR DISEASE.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment.
(1)					(2)	(3)	(4)	(5)
Skin	Malnutrition	...	...	..	16	29	8	80
	Ringworm :							
	Scalp	...	...	..	—	—	—	—
	Body	...	...	..	—	—	—	—
	Scabies	...	...	..	—	—	—	—
Eye	Impetigo	...	...	..	2	—	—	—
	Other Diseases (Non-Tuberculous)	...	...	..	4	2	—	2
	Blepharitis	...	...	..	1	1	—	5
	Conjunctivitis	...	...	..	—	—	6	—
	Keratitis	...	...	..	—	—	2	—
Ear	Corneal Opacities	...	...	..	—	—	1	—
	Defective Vision (excluding Squint)	...	...	..	61	56	41	71
	Squint	...	...	..	17	2	34	28
	Other Conditions	...	...	..	2	2	—	6
	Defective Hearing	...	...	..	1	1	—	5
Nose and Throat	Otitis Media	...	...	..	5	3	1	5
	Other Ear Diseases	...	...	..	2	1	—	—
	Chronic Tonsillitis only	...	...	..	16	42	7	55
	Adenoids only	...	...	..	—	4	2	10
	Chronic Tonsillitis and Adenoids	...	...	..	30	36	32	47
Lungs	Other Conditions	...	...	..	—	—	—	2
	Enlarged Cervical Glands (Non-Tuberculous)	...	...	..	4	14	2	25
	Defective Speech	...	...	..	1	1	—	3
	Heart Disease :							
	Organic	...	...	..	5	7	—	21
Tuberculosis	Functional	...	...	..	—	1	—	—
	Anaemia	...	...	..	9	29	2	47
	Bronchitis	...	...	..	2	2	—	5
	Other Non-Tuberculous Diseases	...	...	..	1	—	—	2
	Pulmonary :							
Nervous System	Definite	...	...	..	—	—	—	—
	Suspected	...	...	..	—	—	17	3
	Non-Pulmonary :							
	Glands	...	...	..	1	—	—	3
	Bones and Joints	...	...	..	—	—	1	—
Deformities	Skin	...	...	..	—	—	—	—
	Other Forms	...	...	..	—	—	—	—
	Epilepsy	...	...	..	—	—	—	3
	Chorea	...	...	..	2	4	—	3
	Other Conditions	...	...	..	—	—	—	—
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	Rickets	...	...	..	3	—	—	1
	Spinal Curvature	...	...	..	—	—	—	2
	Other Forms	...	...	..	2	—	12	6
	Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	...	...	..	16	10	7	50

TABLE III.

\*Numerical Return of all Exceptional Children in the Area in 1933.

			Boys.	Girls.	Total.
Blind (including partially blind)	Suitable for training in a School for the totally blind	At Certified Schools for the Blind ... ..	...	...	...
		At Public Elementary Schools	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution ...	...	...	...
	Suitable for training in a School for the partially blind	At Certified Schools for the Blind or Partially Blind ...	...	...	...
		At Public Elementary Schools	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution ...	...	...	...
Deaf (including deaf and dumb and partially deaf)	Suitable for training in a School for the totally deaf or deaf and dumb	At Certified Schools for the Deaf ... ..	...	...	...
		At Public Elementary Schools	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution ...	...	...	...
	Suitable for training in a School for the partially deaf	At Certified Schools for the Deaf or Partially Deaf ...	...	...	...
		At Public Elementary Schools	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution ...	...	...	...
Mentally Defective	Feebleminded	At Certified Schools for Men- tally Defective Children ...	2	1	3
		At Public Elementary Schools	10	12	22
		At other Institutions ...	...	...	—
		At no School or Institution ...	7	2	9
	Notified to the Local Mental Deficiency Authority during the year	Feebleminded ... ..	...	1	1
		Imbeciles ... ..	2	...	2
		Idiots ... ..	...	...	...
Epileptics	Suffering from severe epilepsy	At Certified Schools for Epileptics ... ..	...	...	...
		At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools ... ..	...	...	...
		At Public Elementary Schools	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution ...	...	...	...
	Suffering from epilepsy which is not severe	At Public Elementary Schools	3	2	5
		At no School or Institution ...	...	...	...

\*There are no Children in the area suffering from the following types of Multiple Defect, *i.e.*, any combination of Total Blindness, Total Deafness, Epilepsy, etc.



			Boys.	Girls.	Total.
	Active pulmonary tuberculosis (including pleura and intrathoracic glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... .. At Certified Residential Open Air Schools ... .. At Certified Day Open Air Schools ... .. At Public Elementary Schools ... .. At other Institutions ... .. At no School or Institution ... ..	... ... ... ... ... ...	... ... ... ... ... ...	... ... ... ... ... ...
	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... .. At Certified Residential Open Air Schools ... .. At Certified Day Open Air Schools ... .. At Public Elementary Schools ... .. At other Institutions ... .. At no School or Institution ... ..	... ... ... 10 — 1	... 1 ... 7 — ...	... 1 ... 17 — 1
Physically Defective	Tuberculosis of the peripheral glands	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... .. At Certified Residential Open Air Schools ... .. At Certified Day Open Air Schools ... .. At Public Elementary Schools ... .. At other Institutions ... .. At no School or Institution ... ..	... 1 ... 4 ... ...	... 1 ... 3 ... ...	... 2 ... 7 ... ...
	Abdominal Tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... .. At Certified Residential Open Air Schools ... .. At Certified Day Open Air Schools ... .. At Public Elementary Schools ... .. At other Institutions ... .. At no School or Institution ... ..	... ... ... ... ... ...	... ... ... ... ... ...	... ... ... ... ... ...
	Tuberculosis of bones and joints (not including deformities due to old tuberculosis)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... .. At Public Elementary Schools ... .. At other Institutions ... .. At no School or Institution ... ..	... ... ... ...	... ... ... ...	... ... ... ...



			Boys.	Girls.	Total.
	Tuberculosis of other organs (skin, etc.)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... .. At Public Elementary Schools At other Institutions ... .. At no School or Institution ...	... ... ... ...	... ... ... ...	... ... ... ...
	Delicate Children, <i>i.e.</i> , all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School	At Certified Residential Cripple Schools ... .. At Certified Day Cripple Schools ... .. At Certified Residential Open Air Schools ... .. At Certified Day Open Air Schools ... .. At Public Elementary Schools At other Institutions ... .. At no School or Institution ...	... ... ... ... 24 ... ...	... ... — ... 20 ... ...	... ... — ... 44 ... ...
Physically Defective (continued)	Crippled Children (other than those with active tuberculosis disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life	At Certified Hospital Schools At Certified Residential Cripple Schools ... .. At Certified Day Cripple Schools ... .. At Certified Residential Open Air Schools ... .. At Certified Day Open Air Schools ... .. At Public Elementary Schools At other Institutions ... .. At no School or Institution ...	... 2 ... ... ... 7 ... —	... 1 ... ... ... 7 ... ...	... 3 ... ... ... 14 ... —
	Children with heart disease, <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school	At Certified Hospital Schools At Certified Residential Cripple Schools ... .. At Certified Day Cripple Schools ... .. At Certified Residential Open Air Schools ... .. At Certified Day Open Air Schools ... .. At Public Elementary Schools At other Institutions ... .. At no School or Institution ...	... ... ... ... ... ... ... ...	... ... ... ... ... 1 ... ...	... ... ... ... ... 1 ... ...

**TABLE IV.—Return of Defects treated during the Year ended December, 1933.**

**Treatment Table.**

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm-Scalp ... ..	5	1	6
Ringworm-Body ... ..	5	—	5
Scabies ... ..	2	—	2
Impetigo ... ..	76	—	76
Other skin disease... ..	27	—	27
Minor Eye Defects (External and other, but excluding cases falling in Group II.) ... ..	70	9	79
Minor Ear Defects ... ..	35	8	43
Miscellaneous ( <i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.) ...	799	32	831
Total ... ..	1019	50	1069

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Disease or Defect. (1)	No. of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private practitioner or Hospital. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint)	152	6	20	178
Other Defects or Disease of the Eye	9	—	—	9
Total ... ..	161	6	20	187

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme ... .. 132

(b) Otherwise ... .. 14

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme ... .. 132

(b) Otherwise ... .. 14

## GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Children.				
Received Operative Treatment.			Received other Forms of Treatment.	Total Number Treated.
Under Local Education Authority's Scheme—Clinic or Hospital. (1)	By Private Practitioner or Hospital. (2)	Total. (3)		
53	2	55	5	60

## Group IV.—Dental Table.

(1) Number of Children who were :—

(a) Inspected by the Dentist :—

Aged :		$\left\{ \begin{array}{r} 3 \quad 12 \\ 4 \quad 60 \\ 5 \quad 165 \\ 6 \quad 159 \\ 7 \quad 170 \\ 8 \quad 199 \\ 9 \quad 207 \\ 10 \quad 194 \\ 11 \quad 124 \\ 12 \quad 182 \\ 13 \quad 117 \\ 14 \quad 34 \end{array} \right\}$	Total ...	1623
Routine Age Groups				

Specials...      ...      ...      ...      ...      ...      ...      229

Grand Total ...      ...      ...      1852

(b) Found to require treatment ...      ...      ...      1567

(c) Actually treated ...      ...      ...      851

(2) Half-days devoted to  $\left\{ \begin{array}{l} \text{Treatment} \quad 349 \\ \text{Inspection} \quad 17 \end{array} \right\}$  Total ...      366

(3) Attendances made by children for treatment ...      3019

(4) Fillings ...  $\left\{ \begin{array}{l} \text{Permanent Teeth} \quad 2795 \\ \text{Temporary Teeth} \quad 30 \end{array} \right\}$  Total ...      2825

(5) Extractions ...  $\left\{ \begin{array}{l} \text{Permanent Teeth} \quad 106 \\ \text{Temporary Teeth} \quad 1174 \end{array} \right\}$  Total ...      1280

(6) Administrations of general anaesthetics for extractions      478  
Extractions under Local Anæsthesia ...      ...      156

Total ...      634



(7) Other Operations	$\left\{ \begin{array}{l} \text{Permanent Teeth} \quad 349 \\ \text{Temporary Teeth} \quad 50 \end{array} \right\}$	Total	399
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### Group V.—Uncleanliness and Verminous Conditions.

(I)	Average number of visits per School made during the year by the School Nurses ... ..	5.2
(II)	Total number of examinations of children in the Schools by School Nurses ... ..	7103
(III)	Number of Individual children found unclean ...	37
(IV)	Number of children cleansed under arrangements made by the Local Education Authority ...	8
(V)	Number of cases in which legal proceedings were taken :—	
	(a) Under the Education Act, 1921 ... ..	—
	(b) Under School Attendance Bye-laws ...	3

### (Treatment of All Other Defects).

	Referred for Treatment.	Treated.	
Malnutrition ...	54	54	Milk Supplied at School.
Tuberculosis ...	19	18	Have been examined at the T.B. Dispensary, or Private Practitioner.
Deformities ...	17	11	Received Treatment at Orthopædic Department, Kent and Canterbury Hospital or Private Practitioner.
Squints (Operation)	11	11	Received Treatment at Kent and Canterbury Hospital.
Other Defects...	77	55	Received Treatment either at Hospital, Private Practitioner, or Dispensary.

SECONDARY SCHOOLS.

SIMON LANGTON SCHOOLS, CANTERBURY.

Table I.  
A—Routine Medical Inspections.

Ages.	8	9	10	11	12	13	14	15	16	17	Totals.
Boys ...	1	1	4	19	5	9	5	10	6	—	60
Girls ...	1	5	6	24	9	2	25	3	15	—	90
Totals ...	2	6	10	43	14	11	30	13	21	0	150

B—Other Inspections.

Number of Re-Inspections     ...     ...     ...     162

Table II.  
A—Number of individual children found at Routine Medical Inspection to require treatment (excluding Dental Diseases).

Inspected.	Found to require treatment.	Percentage of Children found to require treatment.
150	25	16·7

**TABLE II.**  
**SECONDARY SCHOOLS.**

**B.—Return of Defects found by Medical Inspection in the  
year ended 31st December, 1933.**

Defect or Disease.						Routine Inspections		Special Inspections	
						Number of Defects		Number of Defects	
						Requiring Treatment	Requiring to be kept under observa- tion, but <i>not</i> requir- ing treatment.	Requiring Treatment	Requiring to be kept under observa- tion, but <i>not</i> requir- ing treatment.
Malnutrition ... ..						1	5	—	2
Uncleanliness—									
Head ... ..						—	—	—	—
Body ... ..						—	—	—	—
Skin	Ringworm—								
	Scalp ... ..					1	—	—	—
	Body ... ..					—	—	—	—
	Scabies ... ..					—	—	—	—
	Impetigo ... ..					—	—	—	—
	Other Diseases (non-tuberculous)...					—	1	—	1
Eye	Blepharitis ... ..					2	1	—	1
	Conjunctivitis ... ..					—	—	—	—
	Keratitis ... ..					—	—	—	—
	Corneal Opacities ... ..					—	—	—	—
	Defective Vision ... ..					12	30	2	40
	Squint ... ..					1	1	—	—
	Other Conditions ... ..					—	1	—	—
Ear	Defective Hearing ... ..					—	—	—	—
	Otitis Media... ..					—	2	—	—
	Other Ear Diseases ... ..					—	—	—	—
Nose									
and Throat	Enlarged Tonsils and Adenoids ... ..					1	5	3	10
	Other Conditions ... ..					—	1	—	1
Enlarged Cervical Glands (non-tuberculous)						—	4	—	2
Defective Speech ... ..						—	—	—	—
Teeth	Dental Diseases ... ..					29	12	10	21
Heart Diseases—									
Heart	Organic ... ..					—	3	—	3
Circulation	Functional ... ..					—	1	—	2
	Anæmia ... ..					—	3	—	4



Defect or Disease						Routine Inspections		Special Inspections	
						Number of Defects		Number of Defects	
						Requiring Treatment	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring Treatment	Requiring to be kept under observation, but <i>not</i> requiring treatment.
<i>Lungs</i>	Bronchitis	...	...	...	...	—	—	—	—
	Other Non-tuberculous Diseases	...				—	1	—	1
<i>Tuberculosis</i>	Pulmonary—								
	Definite	...	...	...	...	—	—	—	—
	Suspected	...	...	...	...	—	—	—	—
	Non-Pulmonary—								
	Glands	...	...	...	...	—	1	—	—
	Spine	...	...	...	...	—	—	—	—
	Hip	...	...	...	...	—	—	—	—
	Other Bones and Joints	...				—	—	—	—
<i>Nervous System</i>	Skin	...	...	...	...	—	—	—	—
	Other Forms	...	...	...	...	—	—	—	—
<i>Deformities</i>	Epilepsy	...	...	...	...	—	—	—	—
	Chorea	...	...	...	...	—	—	—	—
	Other Conditions	...	...	...	...	—	—	—	—
<i>Rheumatism</i>	Rickets	...	...	...	...	—	1	—	—
	Spinal Curvature	...	...	...	...	1	4	—	5
	Other Forms	...	...	...	...	6	14	2	14
<i>Goitre</i>	...	...	...	...	...	—	4	—	2
<i>Other Defects and Diseases...</i>	...	...	...	...	...	—	—	—	2
						—	8	—	7







